



# Incident Report

**Print Date/Time:** 02/01/2016 12:57  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00001762

**Incident Date/Time:** 1/28/2016 7:32:00 AM  
**Location:** 30TH ST NE / 113TH AVE NE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 356-1989  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19O31	SS0121-Carter

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MILES, EIDI					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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01/28/2016 : 07:35:06 SP0412 Narrative: LR 412

01/28/2016 : 07:34:26 SP0412 Narrative: CC, NON INJ, NON BLKING, LT GRN NISSAN VS SIL HONDA

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E510706**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00001762
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	01	-	28	-	2016			0730	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
30TH STREET NE		BLOCK NO. <input checked="" type="checkbox"/> 11200
		MILE POST <input type="checkbox"/>

DISTANCE	75	00	MILES	<input checked="" type="checkbox"/> N	<input type="checkbox"/> E	OF (REFERENCE OR CROSS STREET)	113TH AVENUE NE
			FEET	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4257608776
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LAST NAME	RIDER	FIRST NAME	JADE	MIDDLE INITIAL	I
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STREET NEW ADDRESS	9629 20TH ST SE # B
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CITY	LAKE STEVENS	ST	WA	ZIP	982584725
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	RIDERJ1026JZ	STATE	WA	SEX	F	D.O.B. MMDDYYYY	04	-	09	-	1998
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AF02795	STATE	WA	VIN#	JHMC656752C018665
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2002	MAKE	HOND	MODEL	ACD4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ESURANCE PAWA6505100
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253501989
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LAST NAME	VONBARGEN-MILES	FIRST NAME	DIONCIA	MIDDLE INITIAL	R
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STREET NEW ADDRESS	1401 85TH AVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	VONBADR298QA	STATE	WA	SEX	F	D.O.B. MMDDYYYY	11	-	01	-	1971
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AMB0672	STATE	WA	VIN#	1N4AL11E75C307334
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	NISS	MODEL	ALT4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	OWNED BY DRIVER
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FIRST NATL INS CO H2271479
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	D. CARTER	BADGE OR ID #	0121	AGENCY	WA0311900
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**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E510706**CASE # **2016-00001762**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>MILES ONIKA M</b>																
ADDRESS & PHONE # <b>1401 85TH AVE SE LAKE STEVENS WA 98258 4256407705</b>										SEX <b>F</b>	D.O.B. MMDDYYYY <b>01</b>	-	<b>28</b>	-	<b>2000</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

Traffic unit #1 was traveling east bound on 30th Street NE within the school zone at the 11200 block. Traffic unit #2 was also traveling east bound on 30th Street NE, in front of traffic unit #1. Traffic unit #2 came to a stop for traffic within the traffic lane, nearing the stop sign controlled intersection of 30th Street NE and 113th Avenue NE. Traffic unit #1 failed to acknowledge stopping traffic in front of the vehicle, and collided with the rear of traffic unit #2 resulting in minor damage.

- Both drivers stated they were uninjured during the collision and properly seatbelted within their respective vehicles.
- Both drivers completed written statements, which were later attached to this report.
- Both vehicles were driven from the scene under their own power.
- Minor paint damage was observed within the rear bumper of traffic unit #2.
- No damage was observed on traffic unit #1.
- Weather conditions were downpour of rain with some standing water about the roadway.

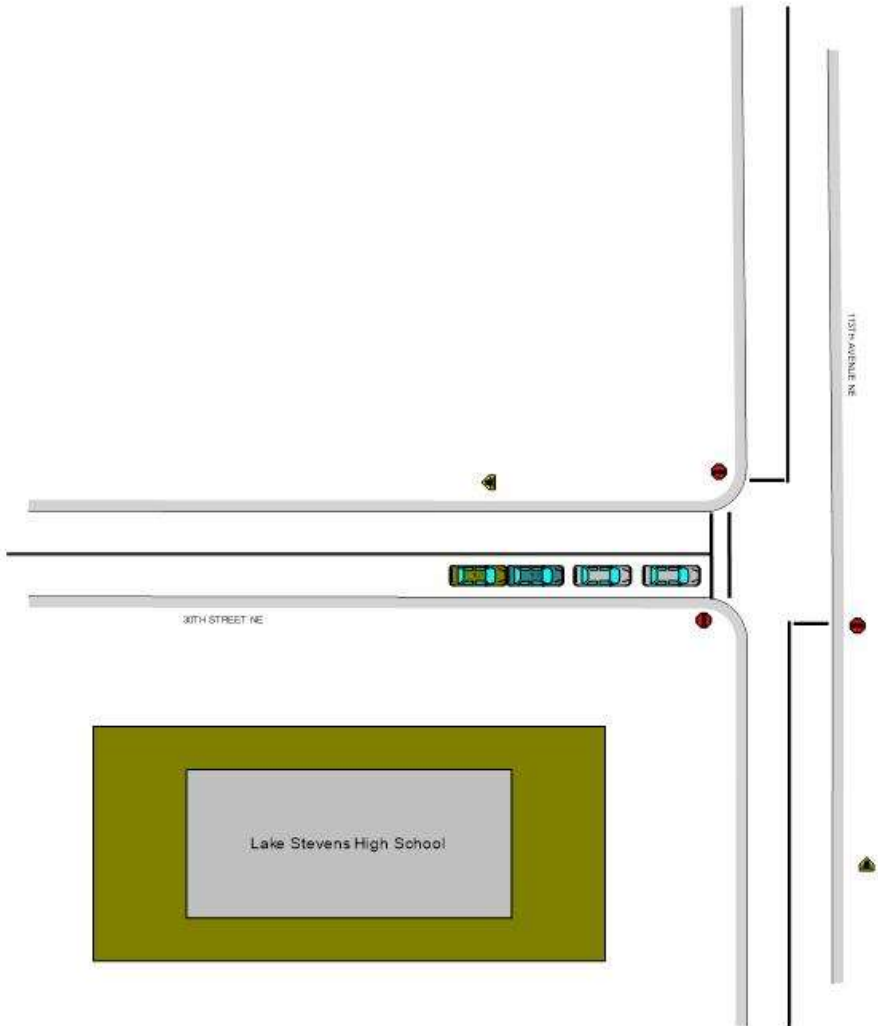
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>D. CARTER</b>		<b>01-28-16 01:53 PM</b>	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLA CE SIGNED
APPROVED BY <b>R. BROOKS 0013</b>		DATE <b>1/29/2016 2:45:19 PM</b>	
BADGE OR ID #	<b>0121</b>	ORI #	<b>WA0311900</b>
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
<b>7:32 AM</b>		<b>7:37 AM</b>	

REPORT NO. E510706

CASE # 2016-00001762

DATE AND TIME  
OF COLLISION 01/28/16 07:30



DRAWING NOT TO SCALE

## LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 2016-00001762

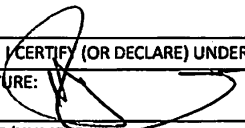
## VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Dioneia VonBargen-Miles	RACE C	ETH F	DOB 11-1-71	AGE 44	HGT 5'10"	WGT 220	HAIR Brn	EYES Blu
STREET ADDRESS 1469 85th Ave SE		CITY Lk. Stevens		STATE WA		ZIP 98258		RES. STATUS Hm	
HOME PHONE 425 397 0626		CELL PHONE 425 356 1989		PLACE OF EMPLOYMENT Costco Biz Ctr					
WORK PHONE 425 640.7705		EMAIL ADDRESS didi-miles@comcast.net							

I, Dioneia Miles, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was waiting my turn (stopped) @ a 3 way stop 113th/30th, next to the H.S. waiting to drop off my daughter @ school. All of a sudden the car got rocked hard - it's raining so hard - at first I wondered if it was a huge gust of wind - And when I looked up @ my rear view mirror - I could see the car behind me was right on my bumper. We were stunned for a second - and pulled over to the side. I phoned 911 to ask for guidance. I asked the female driver for info - and she didn't have her insurance info w/ her - felt it best to go through Police just in case. I took cell shots of my bumper & the silver Honda's license plate & bumper. Sent my daughter to class as it's finals week.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 1-28-16	LOCATION SIGNED LSHS 113th/30th
OFFICER/NUMBER: D. Carter 121	DATE SIGNED 01-28-16	LOCATION SIGNED CSO

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

**LAKE STEVENS POLICE DEPARTMENT****VICTIM/WITNESS STATEMENT**CASE NUMBER 2010-00001762**VICTIM / WITNESS**

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Rider, Jade, I</u>	RACE	ETH	SEX	DOB <u>04/09/98</u>	AGE <u>17</u>	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>9629 20<sup>th</sup> St SE Apt. B</u>		CITY <u>LAKE STEVENS</u>			STATE <u>WA</u>	ZIP <u>98258</u>	RES. STATUS			
HOME PHONE		CELL PHONE <u>425-314-1464</u>			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, Jade Rider, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I WAS IN STOP AND GO TRAFFIC AND THOUGHT I SAW THE PERSON IN FRONT OF ME MOVE FORWARD HOWEVER SHE DID NOT AND I REAR-ENDED HER.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Jade Rider</u>	DATE SIGNED <u>1/28/10</u>	LOCATION SIGNED <u>LAKE STEVENS</u>
OFFICER NUMBER: <u>D. Carter 121</u>	DATE SIGNED <u>01 28 10</u>	LOCATION SIGNED <u>LSPO</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 / OF 1